

Share Your Story

We want to know all about your volunteer project. Fill out this form and send it to ZOOM. If you have photos or video, send those, too. And don't forget to have an adult sign for the form before you drop it in the mail.

For more information:

Website: <http://wxxi.org/zoom>

Send your story to:

WXXI Education Dept.
P.O. Box 30021
Rochester, NY, 14603-3021



Adult Permission

(Ask a parent or legal guardian to read and sign below.)
I have reviewed my child's submission and we both understand that all submissions become the property of ZOOM and will be eligible for inclusion in all ZOOMmedia. This means that ZOOM can share our ideas with other ZOOMers on TV, the Web, in print materials, and in other media and ZOOMways.

I give permission for ZOOM to contact me and my child in the event that ZOOM needs further information.

Name (please print) _____

Signature _____

Relationship _____

Date _____ Phone _____

★ I'm Volunteering for

★ How I'm volunteering

- sharing my time collecting and
 raising money donating things
 other: _____

★ Who volunteers with me

- I work alone my family
 my friends
 a group (Tell us who they are.) _____

★ How often I volunteer

- once a week once a month
 a few times a week once a year
 other: _____

Tell Us About Yourself

First Name _____

Last name _____

Street _____

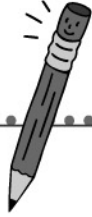
City _____

State _____ Zip _____

Age _____

Phone _____

On what station do you watch ZOOM? _____



★ How did you get the **idea**?

★ What **steps** did you take?

1.

2.

3.

4.

★ What was the first **result**? (Give us some numbers like, you washed 7 cars, you raised \$50, you made 1 person smile.)

★ What's the **coolest thing** that happened while you were volunteering?

Answer these questions here or on another sheet of paper.